24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48		
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Congressional Leadership Fund	C C00504530		
Check if X 24-hour report 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y = Y		
Full Name of Payee American Media & Advocacy Group	Date of Public Distribution/Dissemination		
, i	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 815 Slaters Lane	Amount		
City State Zip Code	1124883.69		
Alexandria VA 22314	Transaction ID : 001 Date of Disbursement or Obligation		
Purpose of Expenditure Media placement Category/ Type 004	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office	Sought: House District: 08		
Nolan, Rick, , ,	President Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought Disbur 2960485.31 Disbur 2016	sement For: Primary X General Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
Advoc8	10 25 2016		
Mailing Address 1342 Florida Avenue NW	Amount		
City State Zip Code	4700.00		
Washington DC 20009	Transaction ID: 002 Date of Disbursement or Obligation		
Purpose of Expenditure Media production Category/ O04	M = M / D = D / Y = Y = Y		
Media production Category/ Type 004	10 26 2016		
Name of Federal Candidate Support Office	Sought: House District: 08		
Nolan, Rick, , ,	President Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought Disbur 2965185.31 Disbur 2016	rsement For: Primary General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	1129583.69		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Crosby, Caleb, , , [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	Fileduic E	FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
C	Congressional Leadership Fund	C C00504530		
Ch	neck if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay		
	Full Name of Payee	Date of Public Distribution/Dissemination		
	dmm Media	10 25 2016		
	Mailing Address 1911 N. Fort Myer Drive	Amount		
	Suite 400			
	City State Zip Code Arlington VA 22209	2934.23 Transaction ID : 003 Date of Disbursement or Obligation		
	Purpose of Expenditure Media production Category/ Type 004	10 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate Support Office	e Sought: X House District: 08		
	Nolan, Rick, , ,	President Senate State: MN		
	Calendar Year-To-Date Per Election for Office Sought Disbt 2968119.54 2016	ursement For: Primary Seneral		
		Other (specify)		
	Full Name of Payee dmm Media	Date of Public Distribution/Dissemination		
	Mailing Address 1911 N. Fort Myer Drive	10 25 2016		
	Suite 400	Amount		
	City State Zip Code	14943.50		
	Arlington VA 22209	Transaction ID: 004 Date of Disbursement or Obligation		
	Purpose of Expenditure Media production Category/ Type 004	10 26 / 2016		
	Name of Federal Candidate Support Offic	e Sought:		
	Nolan, Rick, , ,	President Senate State: MN		
	Calendar Year-To-Date Per Election for Office Sought Disb 2983063.04	ursement For: Primary		
	(a) SUBTOTAL of Itemized Independent Expenditures	17877.73		
(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
		0 26 2016		
_	Signature			
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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Congressional Leadership Fund	C C00504530		
Check if 24-hour report 48-hour report Mew report Amends report filed on 48-hour report			
Full Name of Payee	Date of Public Distribution/Dissemination		
The Prosper Group Corporation	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 435 East Main Street	Amount		
City State Zip Code	131161.00		
Greenwood IN 46143	Transaction ID : 005 Date of Disbursement or Obligation		
Purpose of Expenditure Media placement Category/ Type 004	10 26 7 2016		
Name of Federal Candidate Support Office	Sought: House District:08		
Nolan Rick	President Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought Disbur 2016	rsement For: Primary		
Full Name of Payee	Date of Public Distribution/Dissemination		
Mailing Address			
	Amount		
City State Zip Code			
Purpose of Expenditure	Date of Disbursement or Obligation		
Category/ Type	M = M / D = D / Y = Y = Y		
	Sought: House District:		
Oppose	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disbut	rsement For: Primary General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	131161.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	1278622.42		
Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.			
Crosby, Caleb, , , [Electronically Filed] Date 10			
Oignaturo			